

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

TRANSFER CHART REVIEW

EVERY ENTRY MUST BE DATED AND SIGNEDHAYES TASON
3490602628

DATE		
4/13/06	NEW FACILITY: C76	
	D.O.C. ADMISSION DATE 2/11/06	STATE TRANSFER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C76	RPR DOCUMENTED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
35	UA DOCUMENTED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2 pm	PPD DOCUMENTED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	HISTORY COMPLETE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	PHYSICAL EXAM COMPLETE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	ALLERGIES	
	MEDICAL PROBLEMS	FOLLOW UP DATE:
	HCL S/K ANKLE INJURY & NERVE damage (2002) → Come for amputation	
	NEW LABS ORDERED: (LIST)	
	CONSULTS PENDING: (LIST)	
	MEDICATIONS RENEWED: (LIST)	
	MENTAL HEALTH FOLLOWUP	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> STAT <input type="checkbox"/> ROUTINE
	PT CALLED TO CLINIC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DISP:	<input checked="" type="checkbox"/> GP <input type="checkbox"/> DETOX <input type="checkbox"/> MO <input type="checkbox"/> INF <input type="checkbox"/> CDU <input type="checkbox"/> ER <input type="checkbox"/> URG
	OK FOR FOOD HANDLERS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	COMPLETED BY:	

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES**PROGRESS NOTE**EVERY ENTRY MUST BE DATED AND SIGNED

Ruys, Jason
349 06 02628
DOB 1-13-83

DATE	OBSERVATIONS
	Admission Notes
4/18/06 Nic Darr Gm	<p>S: 23 y/o P admitted to Nic DAA via Bellevue & C-76 to med Dx of RSD (Reflex Sympathetic Dystrophy) PT states his lower limbs was crushed in a forklift 4 years ago at Home Depot Resulting in this debilitating condition. This RSD condition is characterized by pain, uncontrolled twitching/spasm and weakness. PT denies any other major medical problems; he admits to recent depression and is on medication R/T the physical effects of RSD and its associated life style change.</p> <p>O. PT seen in w/c in TK Room he c/o pain '9' on the pain scale, involuntary muscle spasms observed in C/w/legs & feet. PT quite verbal and appears to be adequately informed Re: This disease entity. U.S. done and</p>



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	WOC: BP 118/78 P86 R16 T98.8 WT 201 lbs and stated height of 5'8" was recorded. A: (i) impaired mobility (ii) altered comfort (Pain) (iii) Risk for injury all related to this Dx of RSD. P: medicated for pain w/c for mobility and exercise reasonable counsel to avoid falls and any further injury. PT was oriented to DAD w respect to medication and meal times, PT instructed to request med, Nsg. assistance when deemed necessary. On duty MD to evaluate and write Rx orders. DeJure E. Jackson



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CORRECTIONAL HEALTH SERVICES

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Reyes Jason

3490602628

1/13/83

DATE	OBSERVATIONS
4/18/86	MD admitting Note
Nic - D.A 7 ⁰⁰ A-	This is a 23 y/o with H/O Reflex sympathetic dystrophy was transfer from BVH because pt is having ambulating difficulty and needs w/c
	Allergy Penicillin
	Surgery declines
	Social - φ smoking φ illicit drugs
	PT was seen and evaluated AAOS
	9/10
	Vitals 118/78 86 16 98°
	Heart PE normal, NC
	neck supple
	chest good air entry B/L, (+) gynecomastia
	Heart - S ₁ S ₂ Regular
	abd soft, NC BS
	ext NO edema (+) Peds
	(b) leg pain on palpation
	A/p. Reflex sympathetic dystrophy
	will give pt meds as recommended.
	Neurotic 300 → 400
	oxycodone 10 → 20 q 12h + taper down
	Lidocaine patch q 12h PRN
	gabapentin 400 → 1200 tid, x 2 wks
	Neuro consultation sub-HA
	Regular diet

Habib Kamkhaji, MD



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CORRECTIONAL HEALTH SERVICES

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DATE	OBSERVATIONS
4/18/06	PA NURS-
MR 1220	23 yr → Admitted to NYC correctional
1100	Diagnosed with reflex sympathetic dystrophy
	pm in left ankle pain
	pt seen 5 cl
	11/12/05, 10, 16
	Now in wheelchair Sunday
At,	reflex sympathetic dystrophy
	Oxycodone 50 100 120
	Neurontin 300 - TIR
	Lidocaine patch
	Cymbalta 60 120
	Neuro 500
	pt educated given
	encourage compliance
	pt instructed to watch med side of g change records
	James J. Achari, MD
4/19/06	ms
60	s no do
DGA	0 no changes in general condition
	B/P 104/80 - 72-16 T97° Medicated
	A - The e health maintenance
	P continue 2, POC
	cellular on

NYC 0000031



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Rajes Jaser
349 0602628

DATE	Nurses note	OBSERVATIONS
4/19/06 RJR DZO	S - PT on po antibiotic - use of sympathetic dystrophy. PT to treatment ordered / pain P - Rx oxycodan Neurontin Lidocaine patch - pt still c/o pain med not sufficient. Instructed for reevaluation by primary care provider.	
7/21/06	PA NOTE	V Smith DZO
NEC DZO 1030am	23 yo M admitted to NEC 4/18/06 on d/c 4/18/06 reflex sympathetic dystrophy pmx slt severe left ankle sprain pt seen for fall up / pain managed currently taking: Oxycodone 20mg q 12 hrs Neurontin 300mg TID Cymbalta 70mg qd Lidocaine patch pt seen in nms - requests meds as given by pain managed clinic pt reports of good pain control & less than meds/doses. As per pain managed clinic: Oxycodone 20mg q 12 hrs Cymbalta 60mg qd Pregabalin 200mg qd Lidocaine patch will T cymbalta from 70mg to 60mg qd will order pregabalin 200mg qd Neuro consult pending - pt education given pt instructed to notify med staff of any change in condition	



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DATE	OBSERVATIONS
4/24/06	PANKIS
NR 1221 10500	23 yo → admitted to NHC 4/18/06 Ben d/c 4/17/06 reflex sympathetic dystrophy PMH st. left ankle sprain pt now reports f & pain p now change 4/21/06 12hr, 99.8, 10, 10, 10, 10 in wheelchair HCCU fac care chest chest auscultation crackles sc regular nlj s.c. & blue sun ent NOLE edematous/dysphagia 11, Reflex Sympathetic Dystrophy Oxycodone 20mg q 12 Hours Neurontin 300mg TID Cymbalta 40mg qd 60mg qd Lidocaine patch Provigil 200mg qd Neuro consult per VJ pt educate given pt instruct to watch med side of g changes in condition clear for transfer to Dora 3
	Adriana Vives, MD
	James Patrick, RPA



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REYES, JASON
344 UC02628

DATE	OBSERVATIONS
4/27/06	PA NOTE
NIL D ₂	CHRONIC PAIN MGR (RENEWAL)
4:30 A	OXYCODONE SR 20mg PO BID x 7d CYPHALGATE 650mg PO QID x 7d PRIVILEGE 200mg PO QAM x 7d
	Harjinder Bhatia, MD
	Thomas Schwane, PA
5/3/06	PA NOTE
NIL D ₂	PATIENT REPORTING NO PAIN NOTE FOR MATRESS WAS ORDERED + DELIVERED FROM
	Thomas Schwane, PA
5/3/06	SE IT NOTE
NIL D ₂	REQUEST MEDICATION TO BE GIVEN Q 6 HS
2:50 PM	AS PRESCRIBED BY PNP
	REQUEST TO SEE PHYSICIAN
	COMPLAINING IN FOOD GIVES HIM NAUSEA + VOMIT
	AND CONSTIPATION OCCURS WHEN THE MEDS
	ARE NOT ANY GUSH OCCURS IN LSI A FEW TIMES
	FEELS WELL
	NO ANATOMICAL PAIN
	TAKES AS 120/70 180 BMI
	NO SUPPL
	PROG. OK
	WELL + REL 5 M.



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CORRECTIONAL HEALTH SERVICES

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REYES, JASON
344 06 02625

DATE	OBSERVATIONS
5/4/06	<p>AN AS N/A NO DISTENSION soft max lndle</p> <p>RECLINERS REPTAL EXAM</p> <p>1) PT U, MILD NAUSEA ON N/A</p> <p>N/A AND EXAM</p> <p>2) PT ED / MILD EVAL IF ILL / UNPASTANIS</p>
	Thomas Schwaner, PA
5/4/06	<p>SC IN N/A</p> <p>MLC M 2) STILL C CONSTRUCTION</p> <p>3) ISF FF.FIS WBC</p> <p>4) ORIENT X3 FULL RANGE AFFECT</p> <p>5) RSO STABLE</p> <p>6) CONTINUE CURRENT TX</p> <p>PT ED ON A.W.B. CARE</p> <p>PT CONSULT PLAZEN (RSD)</p> <p>M.D. EVAL IF ILL / UNPASTANIS</p>
	<p>Thomas Schwaner, PA</p> <p>Harjinder Bhatti, MD</p>
5/4/06	<p>IN N/A</p> <p>MLC M 2) MARS REPTAL</p> <p>3) 6X70MM 20X 10 B.M X 70</p> <p>4) MAXILLA 6X70 10 W X 70</p> <p>5) PROULON 20X 10 W X 70</p>
	<p>Harjinder Bhatti, MD</p> <p>Thomas Schwaner, PA</p>



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DATE	OBSERVATIONS
5/6/06	7/4/06
1 P	1 P
00	00
D3	D3
	<p>Stimulating each, the has a low you have now you knowledge.</p> <p>Damage as well as P.T. neurological aspects as yet not</p> <p>transpired the thought of with you and the needed after,</p> <p>if medical treatment ^{needed} & emotional stress.</p> <p>1) a max, slightly more moderate, just affect,</p> <p>pt. - moderate, improved thinking, no odd at this time.</p> <p>2) 5/14/06 was designated as a week, insight, judgment,</p> <p>& impulse control good at this time.</p> <p>3) No significant AIT symptoms at this time, but</p> <p>letting is expressed as: mod. treatment - the seek to this</p> <p>the tests has not been particularly.</p> <p>4) The unit your involvement in needs can be</p> <p>done. Projects paperwork in, making in street to be mailed, faxed</p> <p>copies daily ^{in part} of present.</p> <p>Martha Fair, MHC</p>
5/4/06	SC
NCCD	RE REQUEST FOR NCCD FOR RSN, NCC
1/15A	RE REQUEST FOR NCCD FOR RSN, NCC
	TO TONICALLY
	TO TONICALLY
	TO TONICALLY
	TO TONICALLY



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CORRECTIONAL HEALTH SERVICES

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REFS, TASHIR
3490602028

DATE	OBSERVATIONS
5/9/06	<p>→ T98 BC 100/64 CFS RIT</p> <p>CONF MECH SMILE NO SWEET T426</p> <p>PHOTONX CLEAR TM CLEAR PSEU CLEAR</p> <p>REFR EYE NORM</p> <p>1) TENDON TIE HEADACHE</p> <p>2) TENDON GSS 2 (U A) X42</p> <p>PT EL MOUTH EVAL IF 2-4/ UNAPP STAMPS</p>
	<p><i>[Signature]</i> Bhatti, MD</p> <p><i>[Signature]</i> Thomas Schwaner, PA</p>
5/11/06	<p>PA VOTR</p> <p>NUD 03 CHROMIL 1714 MGR</p> <p>415A OXYCONTIN 20mg PO BID X 72</p> <p>CYMBALTA 60mg PO QD X 72</p> <p>PROVIGIL 200mg PO QAM X 72</p> <p>LIDOCaine PATCH IF WP X 302</p>
	<p><i>[Signature]</i> Thomas Schwaner, PA</p> <p><i>[Signature]</i> Georges, MD</p> <p>Lia #198367</p>
5/11/06	<p>PA VOTR SC</p> <p>NUD 03 1) PATIENT E QUEST OF PAIV MGR</p> <p>371A 2) ORION X3 FIVE RINGS AFFECT</p> <p>31A 3) PMHA PDA</p> <p>4) PT EL CONTINUING CURRENT TX</p> <p>MDHA EVAL IF 2-4/ UNAPP STAMPS</p>
	<p><i>[Signature]</i> Faisal Ali, MD</p> <p><i>[Signature]</i> Thomas Schwaner, PA</p>



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CORRECTIONAL HEALTH SERVICES

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REYES, JASON

349 0602629

DATE	OBSERVATIONS
5/17/06	CA NOTE
NIC 03	PATIENT WAS REFERRED TO PT 5/14/06 FOR BSN
840A	PATIENT SEEN SLOC RECOMMENDS FILE TIME
	FILE IT CONSULT CLINICAL 5/17/06
	<i>Faisal Ali, MD</i>
	<i>Thomas Schwaner, PA</i>
5/18/06	SE CA NOTE
NIC 03	CLINICAL SKIN
1150A	EMPHYSIOMA C' & DILATION + VTE
	REQUEST OXYCONTIN 2 GMS AS (PERRALBA)
	BY PMO
	1) T48 BC 130/70 P 74 R14
	PERRAL
	Heart PR 5 m/ UNUS CTA
	ADMT TOWNS C FEW (ALWAYS)
	2) AFFIRMATIVE IMPROVEMENT
	BSN
	3) HC 1.1. CREAM TOWNS R14 X 142
	PT F2 SKIN CARE
	DIC OXYCONTIN PT F2
	MS CONTIN 15 2 (2) B10 X 72
	PT F2 MOHA PUA IF F2, UNDERSTANDING



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CORRECTIONAL HEALTH SERVICES**

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REFS, TASON
344 060 2628

DATE	OBSERVATIONS
5/25/06	C/O CHEST PAIN TIGHTNESS X 4 days
ALL P ₂	MIN INT CHEST E RADIATION TO (R) BACK
1P	+ (R) ARM PAIN WORSE E DEEP BREATH
	C/O NUMBNESS TO (R) ARM
	NOTED PAIN SINCE A OUTPATIENT TO MS CONTIN
	PAIN INTENSITY 8/10 AT TIMES
	NO HX HEART DISEASE
	NO FAMILY HX HEART DISEASE
	T 98 P 84 R 16 BP 120/70
	NO JVD
	CRACK
	HEART OR 5M
	WOUND LTA
	ARE soft non tender
	NO peripheral edema
	ECG NSR ABN T WAVE INVERSION C (A) NON SYMMETRIC
	T WAVE INVERSION ALL LEADS NO ISCHEMIA
	SCORE E WGT CARE
	- ECG FAXED TO WGT CARE
	POSSIBLE ISCHEMIC CHEST PAIN
	OL IS C/M (MUR) TO MS TRA / MONITOR
	EMS ARRIVED 115 PM LEFT 120 PM
	SEEN W/DR TH (R)
	Faisal Ali, MD



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CORRECTIONAL HEALTH SERVICES

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Reyes Tason
3490602628

DATE	OBSERVATIONS
5/25/06 NIC 2A 1 ²⁰ P	3/2 - It brought to TX Room C/O chest pain x 2 days, alert, oriented x3 PT c/o weakness, BP = 110/70, P = 72, R = 12, T = 98.6. H/R - VS, EKG done, on 15' given by Nore. Rebreather mask as ordered. Ems call @ 1250 Pm A arrive 1 ¹⁰ P. Left @ 1 ²⁰ Pm C PT stable, alert, oriented. JOB # 1587 Op # 8621 Jeanine Jean-Baptiste, RN
5/27/06 2 ²⁰ P	H.R. PT was sent to ER 2 days ago w/ CP. MI ruled out did cardiomyopathy. PT has flx reflex sympathetic dystrophy currently asymptomatic. Lx R: 30 130/90 1 C. 90. Neck supple Chest - mild tenderness @ 4 th -5 th R Ht 5 ^{ft} 10 Abd Scars 314 Ext - mild tenderness LLE Cerv - a good degree H/R - cardiomyopathy Reflex sympathetic dystrophy Direct med.

NYC 0000044



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CORRECTIONAL HEALTH SERVICES

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KEYES, TASOS
349 0602 628

OBSERVATIONS

DATE

5/32/06

PT NOTE

NYC

CHASING PAIN MGR

415 A

COCAINE (TICIT) 700MG QD X 3d

OXYCODONE SR 20mg PO BID X 7d

MEFENAMIC 1000mg PO TID X 3d

CYMASTIN 60mg PO QD X 7d

PROVIGIL 20mg PO QAM X 7d

Thomas Schwaner, PA

~~Marta Schwaner, MD~~
1/1/2007

5/32/06

SC CA NOTE

NYC

2 PM

REQUESTS PREVIOUS WHEEL CHAIR

THAT HE CAN PRON TO GET AWAY

PATIENT IN QUESTION ON MEDICATION

MARKED PAIN IN CHEST PAIN

NOTED SLIGHTLY IN DEEP BREATH

⊙ T98 BP 120/70 P29 R16

HEART RR 5m

LUNGS CTA

SLIGHT TENDER ANT CHEST

A COSTICOMMITIS

ILX R50

⊙ PT EL

MDIC FUAL IF E-

NYC 0000045

Thomas Schwaner, PA

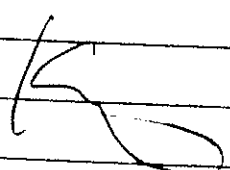


DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

Reyes, Juan
3490602628

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DATE	OBSERVATIONS
5/30/06 MIC-Inf D-3 8 ⁰⁰ AM	<p style="text-align: center;">Redacted</p>
6/4/06 5 ⁴⁵ A	<p>MD note</p> <p>pt refuses clinic appt @ BWH. Risks, Benefits, alternatives explained pt states he can not go today but agrees to be reached. He CA/WO this to be reached Appt</p> <p style="text-align: right;">Habib Kamkhaji, MD </p>
6/12/06 MICO ₃ 10A	<p>PT NOTE</p> <p>CHRONIC PAIN MGR</p> <p>COMBATA 60 mg PO QDX 7d</p> <p>PRIVCAL 20mg PO QAM 7d</p> <p>OXTCOITIN 20mg PO BID 7d</p>

NYC 0000046



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CORRECTIONAL HEALTH SERVICES

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REX PSI TASON

344 0602 028

DATE

OBSERVATIONS

6/2/06

SC PA NOTE

MIL 03

PATIENT C CHEST ON HAND

WASP

STILL PAIR CHEST C MOVEMENTS

1230

U T48 BC 130/80 170 A14

HEART RATE

WASP CTR

CHEST ANT + (A) WITH LUNG TENDR
C INJECTION

(A)

COSTOCHONDRITIS

(C)

CONTINUE CURRENT TX

PT EL MALT EMB IF 200/ UNPERSOON

Thomas Schwaner, PA

6/2/06

PA NOTE

MIL 03

CHRONIC PAIR MGN (MGN) RESUME

4/5 A

COMPARIA 60mg PO QD x 7d

PRIVIGIL 20mg PO QAM x 7d

OXF CONTIN SR 20mg PO BID x 7d

NEURIDOL (B4) CONTINUED 6/6/06

Thomas Schwaner, PA

Roslynn Glicksman, MD

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

PROGRESS NOTE

Jason Hayes
34904 02628EVERY ENTRY MUST BE DATED AND SIGNED

DATE	OBSERVATIONS
6/6/06 NIC 11 ⁰⁵ am	<p>Client seen today in response to 2nd admission - on all AP as recommended Physical therapy given regarding last neck C neck PT. (1) Administered neck brace 6/1/06. Assess - Comm. Court Con, neuro assess recommended. Plan - PT to continue LW + Rx</p> <p>Roslynn Glucksman, MD</p>
6/6/06 NICD3 1:10pm	<p>D/C planning Note: Client seen today and was offered discharge planning services. Client reports that he does not need discharge planning services. Client reports that he is not homeless and currently receives \$40.00 for workers comp. Client reports that he has active Health Benefits. Client is scheduled to be released on 6/14/06. Client signed a declaration form refusing all services.</p> <p>Monique Andersen, MSW D/C Planner</p>

3 Filed 03/31/2008 Page 22 of 28

Jason Reyes
349.0602628

DATE	OBSERVATIONS
9/9/06	CASEWORKER Note: This Worker met with the DOLLY Abue named Client to finish up Mental Health Discharge Planning Services. N.H.
	Redacted
	Mary FURMAN - CASEWORKER -

Redacted

Mary FURMAN -
CHASER WORKER -

New York City Health and Hospitals Corporation
Office of Correctional Health Services
PSYCHOSOCIAL EVALUATIONS

Patient's Name <i>Reyes, Jason</i>		Date <i>5/20/00</i>
Book & Case Number <i>3490602628</i>	NYS ID Number	Patient's Soc. Sec. Number <i>Unknown</i>

Redacted

(Include source of referral and patient's complaint)

*Pt. is a 23 y/o male, referred by medical staff due to
c/o of feeling depressed at time.
Pt. c/o of feeling depressed after his medical condition
(reflex sympathetic dystrophy) + chronic pain in 2003.
c/o of sadness, & energy, sleep, too much, & self esteem.*

HISTORY OF PRESENT ILLNESS (Include onset of current episode, symptoms, degree of impairment in functioning, stressors experienced).

Redacted

Charge(s)

Attorney Name

Att. Tel. No.

Sentenced Conviction

Length of Stay

Discharge Date

ARREST/INCARCERATION HISTORY

Date of Arrest

Charges

Conviction
Yes / No

Sentenced
Length

Time
Served

Parole
Status

Redacted

Comment How well did patient cope with prior incarceration? Explain.

Redacted

III. EDUCATION HISTORY

LAST GRADE COMPLETED

ACADEMIC FUNCTIONING

Redacted

SCHOOL BEHAVIOR (Delinquency, fighting, fire setting)

Redacted

NYC 0000050

IV. FINANCIAL DATA/ EMPLOYMENT HISTORY

PA SSI VA Unemployment Insurance OTHER (Describe)

EVER EMPLOYED?

V. FAMILY HISTORY

FAMILY OF ORIGIN (Parents, Siblings, Aunts, Significant events and relationships)

Redacted

VI. HISTORY OF PHYSICAL AND/OR SEXUAL ABUSE

A. Was there any evidence that the patient was physically abused?

res, flashbacks or withdrawal)

B. Was there any evidence (medical exam) that the patient was sexually abused?

C. Was there any evidence that the patient physically abused other children?

Redacted

D. Was there any evidence that the patient sexually abused other children?

VII. SUBSTANCE / ALCOHOL USE

SUBSTANCE (Include Alcohol)

AGE BEGAN

DURATION

QUANTITY

ROUTE OF ADMINISTRATION

MEDICATION VALUE

CALCULATIONS (If applicable)

Redacted

VIII. MEDICAL HISTORY / PROBLEMS

CURRENT MEDICAL COMPLAINTS RECORDED IN CHART

- (1) Reflex ~~epilepsy~~ symptomatic ~~epilepsy~~ -
- (2) Chronic pain

CURRENT MEDICATION AND ITS SIDE EFFECTS, IF ANY

Glycine
Neurontin 800mg BID - cymbalta

HISTORY OF HEAD TRAUMA (Loss of consciousness or hospitalization)

None

ALLERGIES

none

Redacted

IX. PSYCHIATRIC HISTORY (Include prior episodes, dates, symptoms, treatment and frequency of treatment for treatment and maintenance)

medication, and diagnosis if known

Redacted

NYC 0000051

Redacted

Redacted

CLINICAL FORMULATION (Include interpersonal relationships, strengths, weakness, patterns of coping, substance abuse, impressions as to validity of symptoms, information, diagnosis).

PH is

and possession of drugs. - ~~Redacted~~
 PH. referred by medical staff due to c/o of
 feeling depressed, & self esteem, & energy
 sleeping troubles after he got into a job
 accident and is currently confined to wheel
 chair due to his current neurological condi-
 tion. -

Redacted

XIII. INITIAL DISCHARGE PLAN

XIV. REFERRAL FOR PSYCHOLOGICAL ASSESSMENT

In the space below, please state a referral question(s). Include the observations you have made that led to your request for testing.

N/A -

C. Spont - [Signature] 3/30/06
 Reviewed and Approved by Clinician - Printed Name and Signature Date

[Signature] PhD 5/31/06
 Reviewed and Approved by Licensed Clinical Supervisor or Licensed Unit Chief - Printed Name and Signature Date

Acting M.H. Unit Chief

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
OFFICE OF CORRECTIONAL HEALTH SERVICES/MENTAL HEALTH SERVICES**

CLINICAL ASSESSMENT AND COMPREHENSIVE TREATMENT PLAN/DISCHARGE SERVICE NEEDS

PATIENT: <u>Reyes, Jasm</u>		BOOK & CASE #: <u>3490602628</u>		NYSID #: <u>0470442Y</u>	
(CIRCLE) MO / GP	FACILITY: <u>MC</u>	HOUSING LOCATION: <u>Inq. D3</u>		DOB: <u>1-3-83</u>	DATE OF ADMIT TO MENTAL HEALTH SERVICES: <u>5/30/06</u>
				DATE OF Tx PLAN: <u>5/30/06</u>	

Presenting Symptoms (partial list of symptoms frequently presented, check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Antisocial Behavior
<input type="checkbox"/> Apathy
<input type="checkbox"/> Bizarre Behavior
<input type="checkbox"/> Blunted Affect
<input checked="" type="checkbox"/> Decrease in Energy or Fatigue
<input checked="" type="checkbox"/> Decreased Appetite
<input type="checkbox"/> Delusions
<input type="checkbox"/> Grandeur
<input type="checkbox"/> Paranoid
<input type="checkbox"/> Persecutory
<input type="checkbox"/> Somatic
<input type="checkbox"/> Distractibility
<input type="checkbox"/> Dizziness or Lightheadedness
<input type="checkbox"/> Excessive Worrying
<input type="checkbox"/> Feelings of Hopelessness
<input type="checkbox"/> Feigning of Symptoms
<input type="checkbox"/> Flat Affect | <input type="checkbox"/> Flight of Ideas
<input type="checkbox"/> Hallucinations (Auditory)
<input type="checkbox"/> Hallucinations (Visual)
<input type="checkbox"/> Impaired Judgement
<input type="checkbox"/> Incoherence
<input type="checkbox"/> Insomnia
<input type="checkbox"/> Loosening of Association
<input type="checkbox"/> Loss of Interest
<input type="checkbox"/> Memory Impairment
<input type="checkbox"/> Mood Changes
<input checked="" type="checkbox"/> Anxious
<input checked="" type="checkbox"/> Depressed
<input type="checkbox"/> Elevated
<input type="checkbox"/> Irritable
<input type="checkbox"/> Neglect of Medical Condition
<input type="checkbox"/> Persistent Anger | <input type="checkbox"/> Pressured Speech
<input type="checkbox"/> Psychomotor Agitation
<input type="checkbox"/> Psychomotor Retardation
<input type="checkbox"/> Racing Thoughts
<input type="checkbox"/> Religious Preoccupation
<input type="checkbox"/> Repeated Lying
<input type="checkbox"/> Self-Mutilating Behavior
<input type="checkbox"/> Sexual Preoccupations
<input type="checkbox"/> Suicidal Ideation
<input type="checkbox"/> Suicidal Gesture
<input type="checkbox"/> Suicidal Attempt
<input type="checkbox"/> Tremors
<input type="checkbox"/> Unkempt Appearance
<input type="checkbox"/> Withdrawal/Detox from Drugs
<input type="checkbox"/> Other (Specify) |
|--|--|--|

Stressors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Problems with other inmates
<input type="checkbox"/> Problems with DOC
<input type="checkbox"/> Recent death/losses
<input type="checkbox"/> Spouse/child problems | <input type="checkbox"/> Pregnant
<input type="checkbox"/> Withdrawal/Detoxification from drugs
<input checked="" type="checkbox"/> Severe medical problems
<input type="checkbox"/> Bing Issues |
|--|---|

☒ Legal Issues (specify)

incarceration charges

☐ Other (specify)

Patient Characteristics (check whether the following characteristics are strengths or weaknesses of the patient):

CHARACTERISTICS	STRENGTH	WEAKNESS	CHARACTERISTICS	STRENGTH	WEAKNESS
Compliant with Treatment	<input checked="" type="checkbox"/>		Work History	<input checked="" type="checkbox"/>	
Motivated for Treatment	<input checked="" type="checkbox"/>		Interpersonal Skills	<input checked="" type="checkbox"/>	
Support System	<input checked="" type="checkbox"/>		Insight	<input checked="" type="checkbox"/>	
Domestic	<input checked="" type="checkbox"/>		Health		<input checked="" type="checkbox"/>
Education	<input checked="" type="checkbox"/>		Hospitalizations	<input checked="" type="checkbox"/>	

Diagnosis: Axis I

Axis II

Axis III

Reflex Sympathetic dystrophy
chronic pain

Assessment of Problems and Needs (see explanation of goals and objectives on opposite page).

PROBLEM #1	GOAL	OBJECTIVE #1 Patient will...	OBJECTIVE #2 Patient will...
		NYC 0000054	
		TARGET DATE: <u>6/27/06</u>	TARGET DATE: <u>6/27/06</u>

PROBLEM #2	GOAL	OBJECTIVE #1 Patient will...	OBJECTIVE #2 Patient will...
		TARGET DATE:	TARGET DATE:

PROBLEM #3	GOAL	OBJECTIVE #1 Patient will...	OBJECTIVE #2 Patient will...
		TARGET DATE:	TARGET DATE:

Anticipated Date of Discharge from Treatment: _____

Treatment Modality and Frequency of Service: (check all that apply and indicate frequency of service)

MODALITY	FREQUENCY OF SERVICE				RESPONSIBLE STAFF
<input checked="" type="checkbox"/> Clinician Visits	Weekly	<input checked="" type="checkbox"/> BiWeekly	Monthly	Other	MHC
<input type="checkbox"/> Psychiatrist Visits	Weekly	<input type="checkbox"/> BiWeekly	Monthly	Other	
<input type="checkbox"/> Group Therapy	Weekly	<input type="checkbox"/> BiWeekly	Monthly	Other	
<input type="checkbox"/> Art Therapy	Weekly	<input type="checkbox"/> BiWeekly	Monthly	Other	
<input type="checkbox"/> Substance Abuse Counseling	Weekly	<input type="checkbox"/> BiWeekly	Monthly	Other	

Level of Care: GP _____ MO _____ MHC _____ Bing _____ ☒ InfirmiryName of Medications: none

Patient's Statement of Involvement:

I have participated in the review of my treatment plan. I have discussed it with my Clinician/Psychiatrist and agree to participation in the plan.

I want to add something: _____

Jaysen Reyes
THE FOLLOWING SIGNATURE IS BY THE PATIENT NAME

C. Lopez, MHC
THE FOLLOWING SIGNATURE IS BY THE CLINICIAN NAME

N/A
THE FOLLOWING SIGNATURE IS BY THE PATIENT NAME

David Jurich, PhD
THE FOLLOWING SIGNATURE IS BY THE CLINICIAN NAME

Jaysen Reyes
SIGNATURE

C. Lopez, MHC
SIGNATURE

N/A
SIGNATURE

David Jurich
SIGNATURE

5/30/06
DATE

5/30/06
DATE

5/31/06
DATE